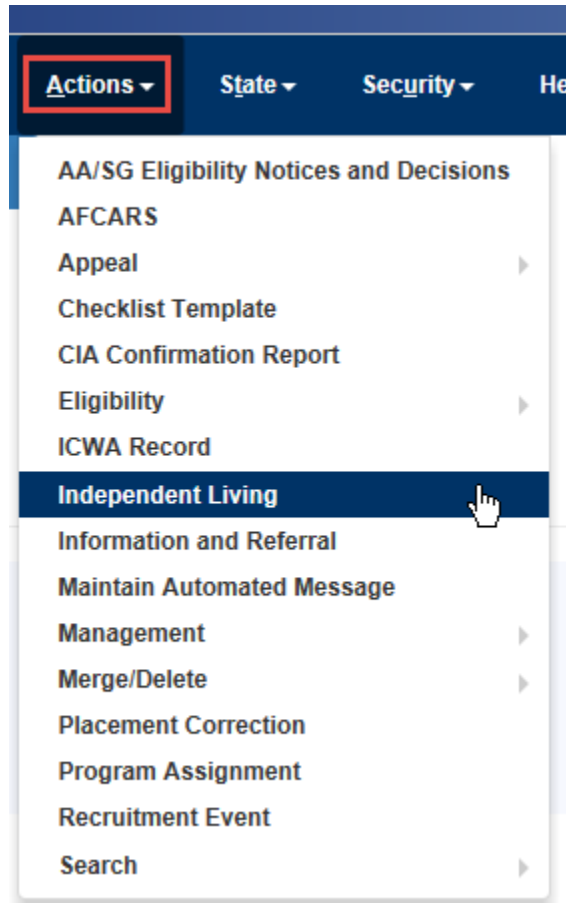


Independent Living

Note: An assignment is not needed to the case to complete Independent Living (IL) work; however, additional security is required to access IL.

1. Click on Actions > Independent Living. This will open the Independent Living page.



2. Click the [Search](#) hyperlink to search for the youth.

The screenshot shows the eWiSACWIS web application in an Internet Explorer browser window. The title bar reads "Independent Living - Internet Explorer". The page header features the eWiSACWIS logo and navigation links: TM, Print, Spell Check, and Help. Below the header is a form with fields for Name, Youth, DOB, Gender, and IL Status. A red circle highlights the "Search" button. Below the form are tabs for Basic, Contacts, Assessment / Plan, Transition to Discharge, and Services. The "Participant Information" section contains fields for Youth's Highest Grade Level Completed, Special Education Status, Race, Ethnicity, Hispanic / Latino, Indian Tribe Membership, and a checkbox for "Tribe Responsible for IL Services". At the bottom, there is a question "Was the youth ever an adjudicated delinquent?" with radio buttons for Yes and No, and a Country dropdown menu.

3. Enter the youth's name and click Search. Select the youth by clicking the radio button next to his or her name and click Continue.

The screenshot shows the "Person Search -- Webpage Dialog" window in eWiSACWIS. The search criteria are filled out: Last Name: Dove, First Name: Blue, Person ID: (empty), SSN: (empty), DOB: 00/00/0000, Gender: (dropdown), Street: (empty), City: (dropdown), ZIP Code: (empty). The search precision is set to "Med" and the sort order is "Alpha". The "Search" button is highlighted. Below the search criteria, the "Persons Returned" section shows one result: a radio button, a person icon, and the text "Dove, Blue (9226127) 125 South Webster Street, Apt.#19D, Madison Female 05/05/2000 African American/Black". At the bottom of the dialog are buttons for "Create", "Continue", and "Close".

4. The Independent Living page will display the youth's name with his or her associated person ID, DOB, gender, and IL eligibility status. To update any of the demographic information, click the youth's name (the blue hyperlink) to launch the Person Management page.

The first tab of the page is the Basic tab. All information in the Participant Information group box pre-fills from the youth's Person Management page, except for the last question, "Was the youth ever an adjudicated delinquent?" This question is user selected and must be completed in order to save the page. All information in the Documents Obtained group box is user selected, except for Annual Credit Report which is determined from the case/perm plan. This is helpful to workers who would like to document what documents they have obtained for youth who will be aging out of care.

The Imaging group box on the Basic Tab displays any images with the category of Independent Living. Clicking the insert button allows users to create an image with the Category as Independent Living.

Note: When a youth reaches 17 ½, the Region Responsible for IL Services checkbox becomes enabled. This is used to indicate when a youth is being served by the regional agency. The region will display as TBD until regional operations go live for the county identified.

The screenshot shows the eWiSACWIS web application in an Internet Explorer browser window. The page title is "Independent Living - Internet Explorer". The application header includes the "eWiSACWIS" logo and navigation links: "TM", "Print", "Spell Check", and "Help".

The main content area is divided into several sections:

- Name:** Youth: [Dove, Blue \(9226127\)](#) | DOB: 05/05/2000 | Gender: Female | IL Status: Not Eligible | [Search](#)
- Tabs:** Basic (selected), Contacts, Assessment / Plan, Transition to Discharge, Services
- Participant Information:**
 - Youth's Highest Grade Level Completed: Eleven | Special Education Status: No
 - Race: Black/African American, White | Ethnicity: African American/Black | Hispanic / Latino: No
 - Indian Tribe Membership: N/A | ☐ Tribe Responsible for IL Services
 - Was the youth ever an adjudicated delinquent? ☐ Yes ☒ No | County: [Milwaukee](#) | ☐ Region TBD Responsible for IL Services
- Documents Obtained and Provided to Youth:**

<input type="checkbox"/> Annual Credit Report	<input type="checkbox"/> Education Records	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Selective Service Card
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Employment Information	<input type="checkbox"/> NYTD Information	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Change of Address Card	<input type="checkbox"/> Immigration Papers	<input type="checkbox"/> Parent's Death Certificate	<input type="checkbox"/> State ID/Driver's License
<input type="checkbox"/> Copy of ILTD Plan	<input type="checkbox"/> Medical Card	<input type="checkbox"/> Placement History	<input type="checkbox"/> Tribal Registration
<input type="checkbox"/> Copy of Permanency Plan			
- Comments:** A large text area for entering comments.
- More... Less... Default** (links)
- Imaging:**

Type	Date of Document	Image/Document

[Insert](#)

At the bottom, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser status bar shows "100%" zoom.

5. The second tab is the Contacts tab. This tab allows you to document all potential contacts for a youth in order to find them after they have aged out of care. Due to the National Youth in Transition Database (NYTD) requirements, workers should have contact with youth at their 19th and 21st birthdays. The Contact Information group box information pre-fills from the Person Management page. Any changes or updates that need to be made to phone, email, or address information should be done on the Person Management page. The Key Collateral Contacts will pre-fill with the Parent 1 and Parent 2 information of the child's foster parents at the age of 17. If these are not appropriate, they can be deleted. Other people with eWiSACWIS IDs can be added by clicking the Insert button and doing a person search. The role and e-mail should be entered for each contact.

Also on the Contacts tab is the Other Contacts group box. You can enter all other possible contacts for the youth by clicking Insert and entering the name, role, phone, and e-mail. Comments can be entered for any additional information you would like to record regarding contacts.

The screenshot shows the eWiSACWIS web application interface. At the top, the browser title is "Independent Living - Internet Explorer". The application header includes the "eWiSACWIS" logo and navigation links: "TM", "Print", "Spell Check", and "Help". Below the header, the user information section displays: "Name: Youth: [Dove, Blue \(9226127\)](#)", "DOB: 05/05/2000", "Gender: Female", "IL Status: Not Eligible", and a "Search" link. The main navigation tabs are "Basic", "Contacts", "Assessment / Plan", "Transition to Discharge", and "Services". The "Contacts" tab is active. The "Contact Information" section contains fields for Address, Home Primary, Cell Primary, Alt Phone, Email Primary, and Additional Emails. The "Key Collateral Contact" section features a table with columns for Name, Role, Phone, and E-mail. One contact is listed: "American, Annie M." with the role "Aunt", phone "(608)123-1234", and email "annieamerican@gmail.com". There is a "Delete" link next to this contact. An "Insert" button is located at the bottom right of this section. The "Other Contacts" section has a similar table structure with an "Insert" button. The "Comments" section includes a large text area for notes and links for "More...", "Less...", and "Default". At the bottom, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser status bar at the bottom right shows "100%".

Name	Role	Phone	E-mail
American, Annie M.	Aunt	(608)123-1234	annieamerican@gmail.com

6. The third tab is the Assessment/Plan tab. On this tab you will document the date the Independent Living Assessment was completed and/or revised and a description of the process, tools, and methods used. You will also document the date the Independent Living Plan was completed and/or revised and the anticipated age and living situation at discharge from out of home care. Both the assessment and the plan must be completed when the youth is 14 and has been in out of home care for at least 6 months OR if the youth is 17 ½ and in out of home care for any period of time.

The screenshot shows the eWiSACWIS web application in an Internet Explorer browser window. The page title is "Independent Living - Internet Explorer". The application header includes the "eWiSACWIS" logo and navigation links: "TM", "Print", "Spell Check", and "Help". Below the header, a form displays user information: "Name: Youth: [Dove, Blue \(9226127\)](#)", "DOB: 05/05/2000", "Gender: Female", and "IL Status: Not Eligible". A "Search" button is located to the right of the status field. The main content area features a tabbed interface with five tabs: "Basic", "Contacts", "Assessment / Plan" (which is currently selected), "Transition to Discharge", and "Services". The "Assessment / Plan" tab is divided into two sections. The first section, "Independent Living Assessment", contains fields for "Independent Living Assessment Completed: 12/15/2017" and "Independent Living Assessment Revised: 00/00/0000". Below these fields is a text area labeled "Describe..." for documenting the assessment process. The second section, "Independent Living Planning", contains fields for "Independent Living Plan Completed: 12/15/2017" and "Independent Living Plan Updated: 00/00/0000". Below these fields are two text areas: one for "Anticipated age of discharge from out of home care:" and another for "Anticipated living situation upon discharge from out of home care:". Each text area is labeled "Describe...". At the bottom of the page, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser's status bar at the bottom right shows "100%".

7. The fourth tab is the Transition to Discharge tab. Here you will document everything included on the Independent Living Transition to Discharge (ILTD) Plan. This plan must be done 90 days prior to the youth aging out of care.

Note: When a youth is 17 ½ and in an Out of Home Placement, the ILTD Plan will pre-fill to the Case/Permanency Plan.

The first section is for documentation of the youth's eligibility to extend foster care. The questions "Does the youth have an IEP?" and "Is the youth expected to graduate before age 19?" prefill based on the youth's Person Management record. Clicking the modify link will take the user directly to the Education tab on the Person Management page.

The screenshot shows the eWiSACWIS web application in Internet Explorer. The page title is "Independent Living - Internet Explorer" and the logo is "eWiSACWIS". The navigation bar includes "Basic", "Contacts", "Assessment / Plan", "Transition to Discharge" (selected), and "Services".

Name: Youth: [Dove, Blue \(9226127\)](#) DOB: 05/05/2000 Gender: Female IL Status: Not Eligible [Search](#)

Eligibility for Extension of Out-of-Home Care

Removal Date: 04/02/2012 Discharge Date: Updated By: Caitlin M. Cake, III Date: 01/02/2018

☒ Yes ☐ No Does the youth have an IEP? [Modify](#)

☒ Yes ☐ No Is the youth expected to graduate before age 19? [Details](#) Anticipated Graduation Date: 12/31/201 [Modify](#)

☒ Yes ☐ No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

The youth is not eligible to continue care up to graduation or age 21 whichever occurs first. [Create](#) [Appeal](#)

Type	Date	Worker	Document
Determination of Eligibility	01/02/2018	Caitlin M. Cake	Edit

Transition Planning

Independent Living Transition to Discharge Plan Completed: 00/00/0000 Independent Living Transition to Discharge Plan Updated: 00/00/0000

Date of Youth's Anticipated Discharge: 00/00/0000 Anticipated Age at Discharge:

Date of follow-up appointment following discharge: 00/00/0000

Desired method of contact following discharge: [Dropdown Menu]

Options: [Dropdown Menu] [Go](#) [Save](#) [Close](#)

If the youth is found eligible based on the answers to the three questions, the Youth Decision group box will appear. This section is used to document when the youth was made aware of their options for remaining in care and to document the decision to remain in care on a court order or voluntary agreement. If the youth will discharge from care, the Anticipated Transition to Discharge Hearing Date should be documented.

eWiSACWIS

Name: Youth: Dove, Blue (9226127) DOB: 05/05/2000 Gender: Female IL Status: Not Eligible [Search](#)

Basic | Contacts | Assessment / Plan | **Transition to Discharge** | Services

Eligibility for Extension of Out-of-Home Care

Removal Date: 04/02/2012 Discharge Date: Updated By: Caitlin M. Cake, III Date: 01/02/2018

☒ Yes ☐ No Does the youth have an IEP? [Modify](#)

☐ Yes ☒ No Is the youth expected to graduate before age 19? [Details](#) Anticipated Graduation Date: 12/31/201 [Modify](#)

☒ Yes ☐ No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

The youth is eligible to continue care up to graduation or age 21 whichever occurs first.

Type	Date	Worker	Document
Determination of Eligibility	01/02/2018	Caitlin M. Cake	Edit

[Imaging Search](#)

Youth Decision

☒ Yes ☐ No The youth has been made aware of options for remaining in care. Date: 12/15/2017 Updated By: Caitlin M. Cake, III

The youth chooses to: ☒ Remain in care under court order. ☐ Remain in care under voluntary agreement. ☐ Discharge from care.

Date of Court Order: 11/25/2017

The current dispositional court order ends at: ☐ Age 18 ☐ Age 19 ☒ Anticipated Graduation Date: 12/31/2019 [Modify](#)

Transition Planning

Options: [Go](#) [Save](#) [Close](#)

If the youth decides to remain in care, a section will appear to attach the scanned court order or voluntary agreement. Select the Type from the drop-down and click the Imaging Search hyperlink to search out or create the image. Also available is the Determination of Eligibility template. This template will prefill the information from the Eligibility for Extension of Out-of-Home Care group box and the Youth Decision group box. Information how to appeal the eligibility decision is listed at the bottom of the template.

Note: The eligibility is not considered “final” until an image has been attached. Attaching the document will freeze the eligibility for the youth.

eWiSACWIS

Name: Youth: Dove, Blue (9226127) DOB: 05/05/2000 Gender: Female IL Status: Not Eligible [Search](#)

Basic | Contacts | Assessment / Plan | **Transition to Discharge** | Services

Eligibility for Extension of Out-of-Home Care

Removal Date: 04/02/2012 Discharge Date: Updated By: Caitlin M. Cake, III Date: 01/02/2018

☒ Yes ☐ No Does the youth have an IEP? [Modify](#)

☐ Yes ☒ No Is the youth expected to graduate before age 19? [Details](#) Anticipated Graduation Date: 12/31/201 [Modify](#)

☒ Yes ☐ No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

The youth is eligible to continue care up to graduation or age 21 whichever occurs first.

Type	Date	Worker	Document
Determination of Eligibility	01/02/2018	Caitlin M. Cake	Edit
Voluntary Transition to IL Agreement			

[Imaging Search](#)

Youth Decision

☒ Yes ☐ No The youth has been made aware of options for remaining in care. Date: 12/15/2017 Updated By: Caitlin M. Cake, III

The youth chooses to: ☒ Remain in care under court order. ☐ Remain in care under voluntary agreement. ☐ Discharge from care.

Date of Court Order: 11/25/2017

The current dispositional court order ends at: ☐ Age 18 ☐ Age 19 ☒ Anticipated Graduation Date: 12/31/2019 [Modify](#)

Transition Planning

Options: [Go](#) [Save](#) [Close](#)

If a youth is not eligible for an Extension of Out-of-Home Care, and the youth appeals the decision, the appeal results can be documented by selecting the Create Appeal hyperlink.

Eligibility for Extension of Out-of-Home Care

Removal Date: 04/02/2012 Discharge Date: Updated By: Caitlin M. Cake, III Date: 01/02/2018

☒ Yes ☐ No Does the youth have an IEP? [Modify](#)

☐ Yes ☒ No Is the youth expected to graduate before age 19? [Details](#) Anticipated Graduation Date: 12/31/201 [Modify](#)

☐ Yes ☒ No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

The youth is not eligible to continue care up to graduation or age 21 whichever occurs first.

Create Appeal

Type	Date	Worker	Document
Determination of Eligibility	01/02/2018	Caitlin M. Cake	Edit

In order to launch the template, “Notice of Decision of Appeal of Eligibility,” first make selections for each column. Then select the Reasons hyperlink and choose a reason. Lastly, click Text under Appeal Document.

Extension of Out of Home Care - Appeals -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help ?

Person Information

Name: [Dove, Blue \(9226127\)](#) DOB: 05/05/2000

Appeal Record

Appeal Of	Appeal To	Appeal Date	Decision	Decision Date	Appeal Document	
Eligibility Determination	Agency Director	12/15/2017	Upheld	12/15/2017	Text	Reason(s) Delete

Supporting Documentation Date: [Imaging Search](#)

Insert

Save Close

Notice of Decision of Appeal of Eligibility

Use of form: This form is used to notify a child or their guardian of the decision on their appeal of an eligibility decision for extension of out-of-home care. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose.

Name and Address Below:		Today's Date: 01/02/2018	
Dove, Blue 125 South Webster Street, Apt. 19D Madison, WI 53702		Child Information	
		Name: Dove, Blue	
		Birthdate: 05/05/2000	
		18 th Birthdate: 05/05/2018	
		Case ID Number: 9222764	

This notice is to inform you that the Request to Appeal the Eligibility Determination has been **Upheld** due to one or more of the following reason(s):

- ☐ The child is eligible for extension of out-of-home care and the agency will enter a Voluntary-Transition-to-Independent-Living Agreement with the child or guardian.]
- ☐ The child was not in an out-of-home care placement on or after 8/1/2014.
- ☐ The child did not age out of out-of-home care on or after their 18th birthday.
- ☐ The child is not under the age of 21 years.
- ☒ The child is not a full-time student at a secondary school or its technical or vocational equivalent.
- ☐ The child does not have an individualized education plan under s. 115.787 Wis. Stats.

You or your guardian may appeal the eligibility determination within **10** days of this notice in accordance with rules and procedures of the state's fair hearing and appeal process.

A request for a Hearing shall be in writing addressed to the **Division of Safety and Permanence Administrator** at:

Extended Out-of-Home Care Panel Division of Safety and Permanence
201 E. Washington Ave.
P.O. Box 8916
Madison WI, 53701
or by email to OHCEExtensionAppeal@wisconsin.gov

If a youth who is eligible for the extension discharges from out-of-home care, and later returns to care, a Subsequent Eligibility group box will appear to document that the youth remains eligible. A signed voluntary agreement will need to be attached via Imaging Search. Like the initial extension, a Determination of Eligibility template exists. Select Text to launch the document. If the youth does not qualify for the subsequent extension, the results of the appeal can also be documented in the same way as the initial extension.

Note: This eligibility must be completed in order to approve a placement in eWisacwis for anyone over the age of 19.

Subsequent Eligibility for Extension of Out-of-Home Care					
Removal Date:	Discharge Date:	Updated By: Test Worker		Date: 07/02/2015	Delete
<input checked="" type="radio"/> Yes <input type="radio"/> No	Does the youth have an IEP?		Modify		
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?				
The youth is eligible to continue care up to graduation or age 21 whichever occurs first.					
Type	Date	Worker	Document		
Determination of Eligibility			Text		
Request to Determine Eligibility				Imaging Search	
Voluntary Transition to IL Agreement				Imaging Search	
					Insert

In the Transition Planning group box, document the date the plan was completed as well as follow-up dates and contact information.

Note: A date must be entered for the Independent Living Transition to Discharge Plan Completed date in order for the plan to be considered complete and the corresponding tickler deleted.

The screenshot shows the eWiSACWIS web application interface. At the top, the browser title is "Independent Living - Internet Explorer". The application header includes the logo "eWiSACWIS" and navigation links: "TM", "Print", "Spell Check", and "Help". Below the header, a "Name" section displays "Youth: Dove, Blue (9226127)", "DOB: 05/05/2000", "Gender: Female", and "IL Status: Not Eligible", with a "Search" link. A tabbed interface shows "Basic", "Contacts", "Assessment / Plan", "Transition to Discharge" (selected), and "Services". The "Transition to Discharge" tab contains a section for "Transition Planning" with the following fields: "Independent Living Transition to Discharge Plan Completed:" (12/15/2017), "Independent Living Transition to Discharge Plan Updated:" (00/00/0000), "Date of Youth's Anticipated Discharge:" (12/31/2018), "Anticipated Age at Discharge: 18", "Date of follow-up appointment following discharge:" (00/00/0000), and "Desired method of contact following discharge:" (E-mail). Below this is a "Housing" section with a goal "Safe and secure living environment upon leaving care.", "Anticipated location youth will transition to:" (dropdown), "Address youth will transition to:" (text area), "Housing Resource (if applicable):" (dropdown), and "Telephone Number at Housing Resource:" (text area). At the bottom, there is an "Options:" dropdown, a "Go" button, and "Save" and "Close" buttons. The browser status bar at the bottom right shows "100%".

The remaining group boxes on this tab are used for documenting progress on goals relating to Housing, Health, Education, Mentors and/or Other Supportive Adults, Opportunities for Continuing Support Services, Income and Employment Services, and Workforce Support.

Internet Explorer - Independent Living - eWiSACWIS

TM Print Spell Check Help ?

Name: Youth: [Dove, Blue \(9226127\)](#) DOB: 05/05/2000 Gender: Female IL Status: Not Eligible [Search](#)

Basic Contacts Assessment / Plan **Transition to Discharge** Services

Housing

Goal: Safe and secure living environment upon leaving care.

Anticipated location youth will transition to:

Address youth will transition to:

Housing Resource (if applicable): Telephone Number at Housing Resource:

Description of Activities to Achieve Goal:

[More...](#) [Less...](#) [Default](#)

Name - Helper:

Date to be Completed: Goal Achieved: Date Goal Achieved:

Alternate location youth will transition to:

Address youth will transition to:

Housing Resource (if applicable): Telephone Number at Housing Resource:

Description of Activities to Achieve Goal:

[More...](#) [Less...](#) [Default](#)

Name - Helper:

Date to be Completed: Goal Achieved: Date Goal Achieved:

Health

Options:

100%

8. The fifth tab is the Services tab. The Services tab displays the Independent Living services provided to the youth. Click the Insert button to add services to the page. This will open the Maintain Independent Living Services page.

The screenshot shows the eWiSACWIS web application in an Internet Explorer browser window. The title bar reads "Independent Living - Internet Explorer". The application header is dark blue with "eWiSACWIS" in white, and navigation links for "TM", "Print", "Spell Check", and "Help". Below the header, a form displays user information: "Name" (Youth: [Dove, Blue \(9226127\)](#)), "DOB: 05/05/2000", "Gender: Female", and "IL Status: Not Eligible", with a "Search" link. A tabbed interface below shows "Basic", "Contacts", "Assessment / Plan", "Transition to Discharge", and "Services" (which is selected). The "Services" tab contains a large empty box labeled "Independent Living Services" and an "Insert" button at the bottom right. At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser status bar at the bottom right shows "100%".

9. In the Services/Activities group box is a drop-down to enter the IL Service Category (these are federal reporting categories). The [Service Category Definitions](#) hyperlink can be selected to see the federal definitions for each category. The Begin Date, Service/Activity, and Provider/Responsible Person are required fields. The End Date and Specifically Explain Goal/Service/Activity fields are not required; however, in order to make a service historical an End Date must be entered. The County/Agency Providing Service/Activity is a required field and will default to the county or agency of the worker entering the service. This field cannot be changed once the page has been saved. To insert more services, click the Insert button. Click Save to save the service/activity. Remember to enter end dates on closed services. This will make the service historical on the Independent Living Plan template.

Note: When the IL Services Category is “Financial assistance – room and board,” an additional field “Total Amount” displays to document the dollar value. This field is not required until an end date is entered for the service.

When the IL Services Category is “Financial assistance – Education Training Voucher (ETV),” in addition to the Amount field, a Type dropdown is also required.

Note: When the Service Category is Financial Assistance – DCF scholarship additional fields for Awarded Amount, Paid Amount, and Institution will appear. An e-mail message is sent when a DCF Scholarship has been awarded. Any Independent Living Coordinators for the County providing the Service/Activity and county workers identified on the IL DCF Scholarship automated message distribution list will be notified.

Maintain Independent Living Services -- Webpage Dialog

eWiSACWIS Print Spell Check Help ?

Name: Youth: Dove, Blue (9226127) DOB: 05/05/2000 Gender: Female [Service Category Definitions](#)

Services/Activities

IL Service Category: Budget and financial management [Delete](#) Row 1 of 2

Begin Date: 12/15/2017 End Date: 00/00/0000 County/Agency Providing Service/Activity: Milwaukee

Service/Activity: Learning to manage a bank account

Provider/Responsible Person: Foster Parent

Specifically Explain Goal/Service/Activity: Foster parent will work with Blue to open a bank account and teach Blue how to manage a bank account.

[More...](#) [Less...](#) [Default](#)

IL Service Category: Financial Assistance - DCF Scholarship [Delete](#) Row 2 of 2

Begin Date: 12/15/2017 End Date: 00/00/0000 County/Agency Providing Service/Activity: Milwaukee

Awarded Amount: \$1,000.00 Paid Amount: \$0.00

Service/Activity: DCF Scholarship

Institution: University of Wisconsin - Milwaukee

Specifically Explain Goal/Service/Activity: Awarding a scholarship to Blue.

[More...](#) [Less...](#) [Default](#)

[Insert](#)

[Save](#) [Close](#)

10. Once the information is saved on the Maintain Independent Living Services page, the information is summarized on the Services tab.

Note: There are several e-mails to reminder workers to close IL Services. These e-mails will be sent to the worker who entered the service, to the IL Coordinator, and anyone else the county has identified on the corresponding automated message distribution list.

- IL Service - Open for a Year is sent as a reminder once an IL Service reaches a year old. The service will remain open if no action is taken.
- IL Service Ended – Youth Turned 18 is sent when a youth turns 18 and has open IL Services. This ends IL services and they would need to be re-entered if they are continuing to be provided after 18.
- IL Service Ended – Youth Turned 21 is sent when a youth turns 21 and has open IL Services, services are ended.
- IL Service Ended – Youth Turned 23 is sent when a youth turns 23 and has open IL Services, services are ended.

Independent Living - Internet Explorer

eWiSACWIS TM Print Spell Check Help ?

Name: Youth: [Dove, Blue \(9226127\)](#) DOB: 05/05/2000 Gender: Female IL Status: Not Eligible [Search](#)

Basic **Contacts** **Assessment / Plan** **Transition to Discharge** **Services**

Independent Living Services

Service Category	Service / Activity	Provider / Responsible Person	Begin Date	End Date		
Budget and financial management	Learning to manage a bank account	Foster Parent	12/15/2017		Edit	Delete
Financial Assistance - DCF Scholarship	DCF Scholarship	University of Wisconsin - Milwaukee	12/15/2017		Edit	Delete

[Insert](#)

Options: [Go](#) [Save](#) [Close](#)

100%

11. The sixth and final tab of the Independent Living page is the Outcomes tab. The Outcomes tab will only display when the youth is eligible to take the NYTD survey. A youth is eligible when they are placed in out of home care after their 17th birthday. Only youth who turn 17 after October 1st, 2010, will be prompted to take the NYTD survey. UW Survey Center has been contracted to administer the survey. Youth will receive an e-mail with instructions. The contact info for UW Survey Center is listed on the page.

Independent Living - Internet Explorer

eWiSACWIS TM Print Spell Check Help ?

Name
Youth: [IndependentLiving_ChildThree \(9225185\)](#) DOB: 01/01/1999 Gender: Female IL Status: Not Eligible [Search](#)

[Basic](#) [Contacts](#) [Assessment / Plan](#) [Transition to Discharge](#) [Services](#) [Outcomes](#)

For more information contact the University of Wisconsin Survey Center at 1-800-291-8624 and ask for extension 9991.

NYTD 17 Survey

Due Date: 02/15/2016 Completed Date: Outcomes: N/A

☐ Youth did not complete the survey Reason: Worker: Updated:

Options: [Go](#) [Save](#) [Close](#)

100%

12. There are several reasons why a youth may not complete the survey. To document this, check the checkbox the 'Youth did not complete the survey,' and select a reason why the youth did not complete it from the Reason drop-down. This also satisfies the NYTD requirements.
13. Once a completed survey has been received, the Completed Date will indicate the date the youth completed the survey. The Outcomes field will either show a [View](#) hyperlink or N/A. Clicking the [View](#) hyperlink will launch the survey the youth took. If N/A is displayed, this indicates the youth did not give permission for their answers to be shared.

Note: There can be up to a two-week wait time for eWiSACWIS to receive the youth survey.

Youth who complete a survey at age 17 will also be asked to take the survey at age 19 and 21. The NYTD 19 Survey and NYTD 21 Survey group boxes will appear when the respective reporting period is reached.

Note: If the checkbox, "Youth did not complete the survey" is selected for the NYTD 17 Survey, or the survey was not completed on time, the NYTD 19 & 21 Survey group boxes will not appear.

National Youth in Transition Survey for Wisconsin Youth Age 17

Foster Club Profile ID: 9376707

Date of Survey: 10/21/2010

Date of Birth: 10/05/1993

First Name: Youth MI: Last Name: Example Suffix :

Q1: Address: Street Number: 777 Street Name: 1st Ave Apt # :

City: Madison State: WI Zip Code: 55555

Phone: (608)777-7777 Email: youth_example@email.com

EMPLOYMENT

Q2. Currently are you employed full-time?

☐ Yes

☒ No

☐ Declined

Q3. Currently are you employed part-time?

☐ Yes

☒ No

☐ Declined

14. The Options drop-down contains the Independent Living Plan template, the Independent Living Transition to Discharge template, and the Voluntary Transition to Independent Living Agreement template. All templates can be launched from any tab on the Independent Living page.

Options:

- Text
- Independent Living Plan
- Independent Living Transition to Discharge Plan
- Voluntary Transition to Independent Living Agreement

100%

15. Information from the Independent Living page will pre-fill and not be editable on either the Independent Living Plan or Independent Living Transition to Discharge Plan templates.

INDEPENDENT LIVING AND TRANSITION PLANNING

Name – Youth Dove, Blue		Birthdate 05/05/2000	Gender Female
Independent Living Assessment			
Date Completed 12/15/2017		Date Revised []	
Description of the assessment process, tools, and methods Describe...			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did the youth receive the Handbook for Youth in Foster Care which describes the rights listed in § 48.38(4)(h)7 / § 938.38(4)(h)? Date received: []	
Independent Living and Transition Plan			
Independent Living Plan Completed 12/15/2017		Independent Living Plan Updated []	
Independent Living Transition to Discharge Plan Completed 12/15/2017		Independent Living Transition to Discharge Plan Updated []	
Anticipated age of discharge from out of home care Describe...			
Anticipated living situation upon discharge from out of home care Describe...			
Current Services / Activities			
Independent Living Service Category Financial Assistance - DCF Scholarship			
Service / Activity DCF Scholarship		Begin Date 12/15/2017	End Date []
Provider / Responsible Person University of Wisconsin - Milwaukee			
Specifically Explain Goal / Service / Activity Awarding a scholarship to Blue			
Historical Services / Activities			
Independent Living Service Category []			
Service / Activity []		Begin Date []	End Date []
Provider / Responsible Person []			
Specifically Explain Goal / Service / Activity []			

Independent Living Transition Plan
DCF-F-CFS2433-E (R. 10/2015)

Independent Living Transition to Discharge (ILTD) Plan

Use of form: Planning for a youth's transition to discharge and independent living must begin six months prior to a youth's 18th birthday with activities completed in the 90 days prior to discharge. The plan must include the specific options for transitioning from out-of-home care to self-sufficiency listed below. All planning and services provided must be documented on the Independent Living (IL) page in eWISACWIS. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Today's Date 01/03/2018		
Name – Youth Dove, Blue	Birthdate 05/05/2000	Current Age 17
Date Youth Entered Foster Care 	Date of Youth's Anticipated Discharge 12/31/2018	Anticipated Age at Discharge 18
Current Permanency Goal 		
Concurrent Permanency Goal 		
Current Address – Youth 125 South Webster Street, 19D, Madison, WI 53702		Current Telephone Number – Youth
Current Email Address (optional) blue.dove@gmail.com		
Eligibility for Extension of Out-of-Home Care		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the youth have an IEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the youth expected to graduate before age 19? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18? The youth is eligible to continue care up to graduation or age 21 whichever occurs first		
Youth has been made aware of options for remaining in care. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: 		
Youth Chooses to: <input type="checkbox"/> Remain in care under court order <input type="checkbox"/> Remain in care under a voluntary agreement <input type="checkbox"/> Discharge from care Anticipated Transition to Discharge Hearing Date: 		
Subsequent Eligibility for Extension of Out-of-Home Care		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the youth have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18? 		
Housing		
Goal: Safe and secure living environment upon leaving care.		
Anticipated location youth will transition to: 		
Address Youth Will Transition To 		
Housing Resource (if applicable) 	Telephone Number at Housing Resource 	
Description of Activities to Achieve Goal 		
Name – Helper 		
Date to be Completed 	<input type="checkbox"/> Yes <input type="checkbox"/> No Goal achieved?	Date Goal Achieved

DCF-F-2549-E (R. 10/2015)

Information will prefill to the Voluntary Transition to Independent Living Agreement template, but some information is still required to be entered on the template.

Voluntary Transition to Independent Living Agreement

Use of form: This voluntary agreement to extend care may be used for a person who is eligible under Wisconsin Statute Section 48.366 or 938.366 for Extended Out-of-Home Care and is placed in an approved foster home, group home, residential care center for children and youth, in the home of an approved relative other than a parent, or in an approved supervised independent living arrangement. A person who is eligible under Wisconsin Statute Section 48.366 or 938.366 for Extended Out-of-Home Care, or the person's authorized guardian, and the appropriate agency which was primarily responsible for providing services to the person under a prior order or the appropriate agency where the person resides may enter into a transition-to-independent-living agreement under which the person continues in out-of-home care until age 21 if the person continues to be a full-time student at a secondary school or its vocational or technical equivalent under an individualized education program, meets all other eligibility requirements and conditions of the agreement, and the agency provides services to the person to assist him or her in transitioning to independent living.

I	Blue Dove	, born on	05/05/2000
	(First, MI, Last)		(mm/dd/yyyy)
herby request	Bureau of Milwaukee Child Welfare	, to continue to live or place me into:	
	(County Department, BMCW or DCF)		
<input checked="" type="checkbox"/> foster home	<input type="checkbox"/> treatment foster home	<input type="checkbox"/> relative home	<input type="checkbox"/> group home
<input type="checkbox"/> Supervised Independent Living	<input type="checkbox"/> RCC		
Placement dates are from		to	
	(mm/dd/yyyy)		(mm/dd/yyyy)

I understand that I or my authorized guardian may terminate this agreement at any time before my 21st birthday.

I understand that a Permanency Plan, under s. 48.38 or s. 938.38 Wis. Stats., will be prepared and reviewed by a court and that I will be involved in the development and review of my Permanency Plan.

I agree to:

- Maintain enrollment as a full-time student at a secondary school or its technical or vocational equivalent;
- Be the subject of an individualized education plan under s. 115.787 Wis. Stats.
- Comply with school attendance requirements in my individualized education program under s. 115.787 Wis. Stats., school district policies, and truancy laws and ordinances;
- Grant placement and care responsibility to the agency named above;
- Participate in activities assigned by my agency to prepare me for independent living;
- Live in out-of-home care in a foster home, group home, residential care center for children and youth, in the home of an approved relative other than a parent or in an approved supervised independent living arrangement approved by (County Agency, BMCW or DCF).
- Inform the agency named above of my whereabouts and not have periods of time in which I would be considered missing from out-of-home care;
- Maintain regular contact with the agency named above;
- Notify the agency above within 10 days of any change in circumstances that affects my complying with this agreement, including but not limited to changes in my living arrangements, school status, and my participation in independent living activities assigned by my agency.

I understand this agreement will terminate in any of the following circumstances:

- The conclusion of the terms of this agreement;
- At my request or my guardian's request;
- I attain the age of 21;
- I am no longer a full-time student at a secondary school or its technical or vocational equivalent;
- I no longer have an individualized education plan under s. 115.787 Wis. Stats.;
- I am absent without permission or missing from my out-of-home care placement for more than two weeks; or
- Upon my entry military service.

DCF-F-5030-E (N. 11/2014)

16. There are three ticklers associated with Independent Living: IL Assessment and IL Plan, IL Transition to Discharge, and NYTD 17 Survey. The IL Assessment and IL Plan tickler will appear when the youth is 14 and has been in care for six months. The tickler will be deleted upon entering a date in the Independent Living Assessment Completed and Independent Living Plan Completed field on the Assessment/Plan tab of the Independent Living page. The NYTD 17 Survey tickler will appear when the youth is in out of home care on or after their 17th birthday, and their 17th birthday is after October 1st, 2010. The tickler will be deleted when the NYTD survey has been received or by selecting the “Youth did not complete the survey” checkbox, if applicable. The IL Transition to Discharge tickler will appear when the youth is 17 ½. The tickler will be deleted upon entering a date in the Independent Living Transition to Discharge Plan Completed field on the Transition to Discharge tab.

Note: A Permanency Plan cannot be completed if the IL Transition to Discharge tickler is overdue.

Here is an example of the IL Assessment and Plan tickler, as well as the NYTD 17 Survey tickler.

Date Due	Due In	Case/Provider Name	Participant(s) Name	Task Name	Responsible Worker	Shared With	Action
09/27/2004	-4846	Europe, OldWorld (9221316)	Europe, Italy (9222011)	IL Assessment & Plan	Cake, Caitlin M., III	-	
02/26/2006	-4329	Naberrie, Padme (9221333)	Naberrie, Padme (9222061)	IL Assessment & Plan	Cake, Caitlin M., III	-	
09/28/2007	-3750	IndependentLiving, Mom (9222488)	IndependentLiving, Chris (9225332)	IL Assessment & Plan	Supervisor, Partnership	-	

17. If you have an assignment to the case, Independent Living will appear on the desktop under the Planning icon:

Dove, Mother (9222764)
Case details:
Child Welfare
Dane - North
Open OHP exists for associated participant(s)

Case address:
125 South Webster Street, Apt. #19D
Madison, WI 53702

Primary worker:
Supervisor, Partnership
spoonm@dhfs.state.wi.us

Actions:
Please select an action ▲

View case information

Access Reports

Assets and Income

Assignments

Eligibility

Placements

Planning

Related People

Planning
Independent Living

01/02/2018 Dove, Blue

Not Eligible